and the median duration of the disease was 6 years. The indications were rheumatoid arthritis in 63% (median disease activity score DAS28: 2.4), psoriatic arthritis in 19% (median DAS28: 2.5) and axial spondyloarthritis in 18% of patients (median BASDAI: 3.0). 68% of patients were new to bDMARD therapy. Previous therapies included conventional synthetic DMARDs (67% of patients), steroids (49%), non-steroidal anti-inflammatory drugs (43%) and bDMARDs (32%). Patient satisfaction response rates are shown in table 1.

Abstract AB1468HPR – Table 1. Patient-assessed satisfaction with SB4-pre-filled pen by previous treatment (Full Analysis Set)

	New to bDMARD (n=96)	Switch from syringe (n=22)	Switch from pen (n=21)	Switch from intravenous bDMARD therapy (n=2)	Total* (n=142)
General satisfaction:	79 (82%)	19 (86%)	17 (81%)	2 (100%)	118 (83%)
(very) satisfied					
Ease of execution:	90 (94%)	18 (82%)	17 (81%)	2 (100%)	128 (90%)
(very) simple					
Satisfaction with training on injection with the training pen**:	81/85 (95%)	20/21 (95%)	16/19 (84%)	2/2 (100%)	120/128 (94%)
(very) satisfied					

*Missing responses are not included in calculations; total includes one patient with unknown previous therapy.

**Number of (very) satisfied patients/total number of patients who received injection training

Conclusions: High level of patient general satisfaction as well as satisfaction with the ease of use were reported with the etanercept biosimilar (SB4) pre-filled pen for patients who were new to bDMARDs or who had switched from other bDMARDs.

Acknowledgements: Biogen GmbH funded this study. Authors had full editorial control and provided final approval of all content.

Disclosure of Interest: U. Müller-Ladner Consultant for: Biogen, Speakers bureau: Biogen, S. Zinke Consultant for: Biogen, P. Aries Consultant for: Biogen, C. Maucksch Shareholder of: Biogen, Employee of: Biogen
DOI: 10.1136/annrheumdis-2018-eular.1426

AB1469-HPR A STUDY TO INVESTIGATE WHETHER IF ANY BARRIERS IN ETHNIC MINORITY PATIENTS MAY IMPACT ON RESEARCH PARTICIPATION IN A DISTRICT GENERAL HOSPITAL (2011)

V Ramasamy. *Rheumatology, Clinical Research Unit, Barts Health Trust, London, UK*

Background: A literature review of the current evidence suggests that research barriers exist within a diverse and ethnic population and that these barriers are often perceived to be cultural, behavioural, structural, organisational or clinical. Though a number of studies have been done showing the impact the above, these cannot be generalised at a local level. Hence, it is of vital importance that those involved in undertaking clinical studies locally are aware of the factors which may be preventing them from recruiting ethnic patients in their respective specialist area. There is a need to evaluate systems currently in place and to investigate whether factors such as attitudes, beliefs, health care professionals approach and patient experience may have an impact on recruitment.

Objectives: The aim of this study is to investigate whether any barriers exists within a small sample of ethnic minority patients who have been previously approached to participate in a clinical trial in a local hospital.

Methods: A qualitative study involving semi-structured interviews with both consultants active in research and patients with a background of inflammatory conditions invited to participate in a study locally. Purposive sampling was applied in all three groups. Participant information sheets and invitation letters was sent to all participants with a two week follow up by telephone for patients. Consent was taken from all participants, open-ended questions used during the interviews, the data collected by hand notes and then analysed using the five stages of the framework approach. Data was analysed in 3 groups:¹ investigators,² consented patients and³ unconsented patients.

Results: A total of 24 patients were invited and twelve agreed to attend for individual interviews. Out of twelve investigators approached, eight responded to the invitations. Investigators displayed positive attitudes towards recruitment, reported language and some cultural barriers along

the informed consent pathway and a gap in support systems within research. Patients from both groups reported a lack of awareness in clinical trials. Fears of study drug and a lack of trust to commit were the main themes that emerged from the unconsented group. Cultural barriers did not have an impact on the informed consent process in both groups.

Conclusions: This study is among the first that has been conducted in our trust and focused on main areas of qualitative research looking at patients' responses when invited to participate in a trial and complexities of recruitment from a healthcare professional perspective. The findings provide evidence of research barriers that exist within the trust perceived by investigators and patients. Unfortunately, few studies have focused on various background of ethnicity within different specialties. This could be because it is difficult to carry out studies without focusing specifically on a certain area of disease or a particular group of patients. These findings can only be generalised to areas of research locally upon further exploration of these barriers, which may have a significant impact on the recruitment of ethnic minority patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6283

AB1470-HPR BELIEFS AND SATISFACTION WITH GOLIMUMAB AS SECOND ANTI TNF-ALPHA OF PATIENTS WITH SPONDYLOARTHRITIS. GO-BEYOND

X Juanola¹, C.M. González Fernández², S. García-Carazo³, J. Rodríguez-Hereida⁴, J. Bachiller-Corral⁵, M. Martín López⁶, M. Retuerto Guerrero⁷, J. Martín Santos⁸, N. Álvarez-Rivas⁹, C. Egües Dubuc¹⁰, I. Villa-Blanco¹¹, A. Laiz¹², J. V. Tovar Beltrán¹³, E. Beltrán¹⁴, E. Raya¹⁵, R. Ibáñez Bosch¹⁶, J. Manero¹⁷, J. Pons Dolset¹⁸, B. García Magallón¹⁹, Y. Mestre²⁰, S. Fernández²⁰, M. Mosquera²⁰, L. Cea-Calvo²⁰, J.J. Alegre-Sancho²¹. ¹Rheumatology, H. U. Bellvitge, Barcelona; ²Rheumatology, H. G. U. Gregorio Marañón; ³Rheumatology, H. U. La Paz; ⁴Rheumatology, H. U. de Getafe; ⁵Rheumatology, H. U. Ramón y Cajal; ⁶Rheumatology, Instituto de Investigación H. U. Doce de Octubre, Madrid; ⁷Rheumatology, H. U. de León, León; ⁸Rheumatology, H. U. Río Hortega, Valladolid; ⁹Rheumatology, H. U. Lucus Augusti, Lugo; ¹⁰Rheumatology, H. U. Donostia, Donostia; ¹¹Rheumatology, H. Sierrallana, Torrelavega; Cantabria; ¹²Rheumatology, H. de la Santa Creu i Sant Pau, Barcelona; ¹³Rheumatology, H. U. de Elche, Elche; ¹⁴Rheumatology, H del Mar, Barcelona; ¹⁵Rheumatology, H. U. San Cecilio, Granada; ¹⁶Rheumatology, Complejo H. de Navarra, Pamplona; ¹⁷Rheumatology, H. U. Miguel Servet; ¹⁸Rheumatology, H. Royo Villanova, Zaragoza; ¹⁹Rheumatology, H. San Jorge, Huesca; ²⁰Medical Affairs, Merck Sharp and Dohme, Madrid; ²¹Rheumatology, H. U. Doctor Peset, Valencia, Spain

Objectives: In patients with spondyloarthritis (SpA: axial SpA or psoriatic arthritis [PsA]), treated with golimumab as second biological therapy (after failure or withdrawal of a first anti TNF- α drug), we describe patients' insights with regard to their beliefs and their satisfaction with golimumab therapy.

Methods: Patients on golimumab from GO-BEYOND, a retrospective study undergone in 20 Spanish rheumatology clinics, were requested to respond to the *Beliefs About Medicines Questionnaire* (BMQ). Statements of the BMQ include a 5-item necessity and a 5-item concern scale with Likert response options from "strongly agree" to "strongly disagree". Patients also responded to questions on their satisfaction and experience with golimumab self-injection. Descriptive data are displayed, and responses to the BMQ in axial SpA vs PsA patients were compared with the chi-square test.

Results: 123 patients on golimumab as second anti TNF- α responded (81 axial SpA and 42 PsA, mean age 49 years [SD=11], 40% women). Patients showed strong beliefs in the necessity of golimumab for the treatment of their SpA (percentages of "agree" or "strongly agree" to the necessity statements: 50%–80%), but also concerns: half the patients agreed/strongly agreed to be worried about long term effects of golimumab, and $\approx$ 30% about becoming too dependent on the drug (table 1). Responses were similar in axial SpA and PsA patients (table 1). 111 patients declared to self-inject golimumab. Of these, 22.7% considered the experience with self-injection as very positive, 66.4% as positive, 10.0% neutral and only 0.9% unfavourable, and the use of the device very easy (37.3%), easy (57.3%), neutral (3.6%) and only 1.8% difficult. Finally 36.4% and 49.1% were very satisfied or satisfied with the interval of administration of golimumab, 11.8% were neutral and only 1.8% and 0.9% declared to be dissatisfied or very dissatisfied.